

RIDING FOR THE DISABLED ASSOCIATION OF AUSTRALIA LTD APPLICATION FOR MEMBERSHIP



Copies of this form are to be kept by: 1. The Centre 2. The State Office 3. The applicant

The Original is to be kept by Riding for Disabled Association of Australia Limited (RDAA)

1. APPLICATION FOR MEMBERSHIP

CENTRE MEMBERS NAME:

NEW MEMBERSHIP ? RENEWING ? MEMBERSHIP YEAR 20.....

2. PERSONAL DETAILS

I hereby apply for membership of Riding for the Disabled Association of Australia Limited (RDAA). I have read, understood, acknowledge and agree to the declaration and application over leaf. I have signed that declaration and application.

TITLE: (Mr, Mrs, Ms, Miss, Dr, Rev, other)

NAME:.....

ADDRESS:.....

CITY:.....STATE:.....POSTCODE:.....

PHONE:.....EMAIL:.....

MALE ? FEMALE ? DATE OF BIRTH...../...../..... AGE AS OF 1ST JANUARY IN CURRENT YEAR.....

OCCUPATION:.....

3. EMERGENCY CONTACT

NAME:.....RELATIONSHIP:.....

ADDRESS:.....POSTCODE:.....

PHONE: WORK:.....HOME:.....MOBILE:.....

4. DISABILITY CATEGORY (Tick one box only)

- | | | | |
|---|---|---|---|
| A. Rider with intellectual disability | ? | G. Rider with Learning/Behavioural Difficulty ? | |
| B. Rider with Physical disability | ? | H. Riders with Psychiatric Condition | ? |
| C. Rider with Cerebral Palsy | ? | I. Rider with Multiple Disability | ? |
| D. Rider with Vision Impairment/Blindness | ? | J. Rider with Down Syndrome | ? |
| E. Rider with Hearing Impairment/Deafness ? | | K. Rider without disability | ? |
| F. Rider with Autism | ? | L. Other Disability | ? |

5. MEDICAL DETAILS

Do you have or have had any medical condition or disability (eg. Physical, intellectual, psychiatric or behavioral) that may affect your efficiency as a Centre Member, your safety and the safety of the public. YES ? NO ?



If YES, you will be required to submit with this application a Medical Consent Form completed by a medical practitioner. A medical consent form is available from State office. RDAA may in its reasonable discretion require you to provide a medical consent form completed by a medical practitioner even if you have declared have or have not had any medical condition or disability.

6. **DECLARATION** I have read, understood, acknowledge and agree to the declaration and application and conditions of membership over leaf. I have signed that declaration and application. I warrant that all information provided is true and correct.

I acknowledge that a copy of this Application and Declaration have the same legal effect as the original.

SIGNATURE.....DATE:.....

7. **PARENT/LEGAL GUARDIAN CONSENT** (FOR AN APPLICANT UNDER THE AGE OF 18 YEARS OR WHERE INFORMED CONSENT CANNOT BE PROVIDED BY THE APPLICANT). I have read, understood, acknowledge and agree to the declaration and application and conditions of membership over leaf and I personally consent to the declaration and application for membership on behalf of the applicant.

SIGNATURE:.....

NAME.....DATE:.....

8. OFFICE USE ONLY

Date Application received by State Office/...../.....

Amount paid:\$.....

Receipt No:.....

Accepted/Rejected by Centre Member Management Date...../...../.....

Paid to Date:...../...../.....

Signature of State Office

Delegate:.....

Date Application received by National Office/...../.....



RIDING FOR THE DISABLED ASSOCIATION OF AUSTRALIA MEDICAL CONSENT FORM

Riding for the Disabled Association is a not for profit organization providing a range of equestrian activities for people of all ages with a disability.

This Document comprises the following;

INFORMATION SHEET

About the consent form

SECTION A – PARTICIPANT INFORMATION

For Parent, Guardian or Rider over 18

SECTION B - MEDICAL CONSENT FORM

For your usual Medical Practitioner

SECTION C

Applicable to riders with Down Syndrome

SECTION D

Applicable to riders with Spinal Fusion

MEDICAL REVIEW FORM

For conditions which have changed and are not stable

All potential participants, or their responsible parent, guardian, or legal advocate must have read, understood and signed the Membership Form and completed Section A of the MCF. The applicant’s usual Medical Practitioner must complete Section B, the Medical Consent Form.

RDA has a duty of care to all participants and as part of that duty each participant must complete a Medical Consent Form as part of the registration process.

The primary purpose of the Medical Consent Form is to have a medical practitioner verify that the participant does not have any condition which is a contra indication for equestrian activities. For applicants with Down Syndrome, Section C must be also completed, and for applicants with Spinal fusion, Section D must be completed by the Medical Practitioner. The information provides the basis for the RDA coach to develop the most appropriate and suitable activities for each participant given their presenting condition.

In order to complete the rider registration process the name and address of the participant and summarised information as listed on the Membership Form, is forwarded to State & National Offices for annual survey purposes, but the information is not used for any other purpose.

The Medical Consent Form:

- Is a confidential document which is held in secure conditions by the RDA Centre.
- Must be completed fully by the applicant’s registered Medical Practitioner
- Once the participant’s application is processed, the information contained in the Medical Consent Form is stored securely, and is accessible only to the RDA Coaches and Administrators at the centre for the purposes of developing the rider’s program and reviewing progress.
- Will not be used for any other purpose.
- Is accessible to the participant, parent /guardian at their request.
- For any condition which is not stable, and may improve or degenerate over time, the medical review must be completed as specified.

1 The completed , **Section A**, must be attached to the completed Membership Form plus the Medical Consent Form, **Section B** , and returned to the Coaching Coordinator at the RDA Centre in order for your application to be processed.

The Coaching Coordinator, RDA CENTRE

Address:.....

Town:.....State:.....PC:.....

2 Please be aware that some centres have a waiting list and there may be a time delay between completing these forms and commencing participation.

SECTION A
PARTICIPANT INFORMATION

Name of ParticipantDate of Birth.....

Address

..... P'CodeTelephone No.....

HeightWeightMale/Female.....

Nature of Disability

Age of onset of disability

Any other relevant information.....

.....

Member of the Ambulance Service Yes / No M'ship No.

To be signed by parent/guardian or legal advocate for minors/non consenting adults.

Signed Date.....

Print name

Relation to rider (if not consenting rider over 18 years).....

SECTION B - MEDICAL CONSENT FORM

CONTRAINDICATIONS FOR RIDING WITH RDA

Conditions for which clients **MUST NOT** ride:

- Pathological fractures
- Severe osteoporosis
- Uncontrolled seizures
- Acute stage rheumatoid arthritis
- Open pressure sores, open wounds
- Unstable spine, including subluxation of cervical spine
- Moderate agitation with severe confusion
- Disruptive or unreliable behaviour which is unacceptable to the coaches and other participants in the group
- Atlanto-Axial Dislocation (ADC) or significant subluxation in Down Syndrome
- Advanced multiple sclerosis and muscular dystrophy
- Haemophilia
- Acute herniated disc
- Degeneration of the hip joint
- Excessive weight obesity

Conditions for which horse riding **MAY NOT** be recommended:

- Very poor endurance
- Excessive pain resulting from riding
- Excessive structural scoliosis, until permission is given by an orthopaedic specialist
- Spinal fusion (eg. Harrington or CD rods) until permission is given by an orthopaedic surgeon
- Significant allergies to horse hair, dust, grain, grass, hay, hay fever
- Recent surgery until permission is given by surgeon
- Serious heart condition
- Dislocation or dysplasia of hip if excessive pain is caused
- Drug dosage resulting in physical states inappropriate to the riding environment
- Paralysis of the gluteal muscles and abdominal muscles
- High level of spinal cord paralysis or significant asymmetry of muscle paralysis.

CONTRAINDICATIONS FOR CARRIAGE DRIVING WITH RDA

Conditions for which clients **MUST NOT** participate in Carriage Driving:

- Uncontrolled seizures
- Open pressure sores, open wounds
- Moderate agitation with severe confusion
- Excessive pain resulting from carriage driving
- Disruptive or unreliable behaviour which is unacceptable to the whip and other participants in the group

Conditions for which Carriage Driving **MAY NOT** be recommended:

- Significant allergies to horse hair, dust, grain, grass, hay, hay fever
- Recent surgery until permission is given by surgeon
- Drug dosage resulting in physical states inappropriate to the carriage driving environment
- Excessive weight obesity
- Profound intellectual disability

SECTION B – MEDICAL CONSENT FORM (CONT.)

Name of participant Date of birth

Name of Medical Practitioner

Address

Telephone No Email.....

Diagnosis.....

Brief History (if applicable)

.....

Does the participant have (please answer ALL):

Medication	Yes / No	Heart Problems	Yes / No
Epileptic fits	Yes / No	Drainage Devices	Yes / No
Fainting Turns	Yes / No	Paralysis	Yes / No
Postural Hypotension	Yes / No	Flaccidity	Yes / No
Hypertension	Yes / No	Allergies	Yes / No
Impaired Hearing	Yes / No	Muscle overactivity	Yes / No
Impaired Sight	Yes / No	Inflammation or pain in the joints	Yes / No
Impaired speech	Yes / No	Impaired Sensation	Yes / No
Impaired Balance	Yes / No	Impaired Bladder / Bowel control	Yes / No
Impaired Circulation	Yes / No	Use of any Splints/ Braces (external spinal braces)	Yes / No
Asthma	Yes / No	Corsets/Prostheses	Yes / No
Cranial Shunt	Yes / No	Is the participant a carrier of any infectious disease	Yes / No
Diabetes	Yes / No	Skin Problems	Yes / No
Scoliosis	Yes / No	Chronic Airways	Yes / No
Intellectual Disability	Yes / No	Specific Learning Difficulty	Yes / No
Developmental Delay	Yes/ No		

Down Syndrome Yes/ No

If YES, SECTION C, must be completed as further medical information is required BEFORE we can consider this applicant.

Spinal Fusion and/or External Spinal Braces Yes / No

If YES, SECTION D, must be completed as further medical information is required BEFORE we can consider this applicant.

Level of support required HIGH MED LOW

Please provide FULL details of any YES answers above.....
.....
.....
.....
.....
.....
.....

If relevant, please outline any other medical condition or information which may affect the participant's response to exercise and relevant precautions to be taken, or any particular types of leisure activities from which the participant should be excluded for health reasons.
.....
.....
.....
.....

If applicable, please provide details of participant's asthma/allergy management plan (if such information is not disclosed the participant will only receive standard first aid)
.....
.....
.....

Do you feel that future reviews of participant's medical condition are advisable? Yes / No

If yes, please nominate how often

Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above named person to take part as an active participant in RDA activities. In this regard, I understand that a RDA Coach or other appropriate person(s) associated with RDA, will assess the suitability of activities based on the medical advice given above.

Signature of the Medical Practitioner Date

Completed Sections A & B to be returned to the RDA Centre indicated in the box on Page 1 of this document.

Section C and Section D to be returned if applicable

THANK YOU

SECTION C

ADDITIONAL INFORMATION FOR APPLICANTS with DOWN SYNDROME

RDA Policy requires that riders with Down Syndrome have a Medical Practitioner, who is aware of the possibility of Atlanto Axial Instability in people with Down Syndrome, complete this form, as well as the general Medical Consent Form, (Section B).

To minimise risks to our riders, we ask that both the parent, and Medical Practitioner read the attached information & confirm below:

Name of participant **Date of birth**

Over and above the normal risks of such activities, it seems reasonable, in my opinion,
for the above named person to take part as an active participant in RDA activities Yes / No

Do you feel that that a regular review of the client's medical condition is necessary? Yes / No

If YES, how often would you recommend?

Name of the Medical Practitioner:..... (BLOCK LETTERS PLEASE)

Signature:

Telephone: Date

Name of Parent/Guardian/Consenting Rider over 18.....

To be signed by parent/guardian or legal advocate for minors/non consenting adults.

Signed Date.....

Relation to rider (if not a consenting rider over 18 years).....

**Completed Sections A & B to be returned to the RDA Centre indicated in the box on Page 1 of
this document.**

Section **C** and Section **D** to be returned if applicable

THANK YOU

SECTION D

ADDITIONAL INFORMATION FOR APPLICANTS with SPINAL FUSION

To be completed by an Orthopaedic Specialist / Medical Practitioner

RDA Policy requires that riders with a Spinal Fusion (eg Harrington or CD Rods) and/or those wearing external spinal braces/orthotics must be examined by an Orthopaedic Specialist **prior** to the commencement of a riding program.

Name of participant **Date of birth**

Over and above the normal risks of such activities, it seems reasonable, in my opinion,
for the above named person to take part as an active participant in RDA activities Yes / No

Further comments where necessary:

.....
.....
.....
.....

Name of the Orthopaedic Specialist

Name: (BLOCK LETTERS PLEASE)

Signature:

Telephone: Date

**Completed Sections A & B to be returned to the RDA Centre indicated in the box on Page 1 of
this document.**

Section **C** and Section **D** to be returned if applicable

THANK YOU

**RIDING FOR THE DISABLED
ASSOCIATION OF AUSTRALIA LIMITED
MEDICAL CONSENT REVIEW FORM**



This form should be accompanied by a copy of the 'Participant Information Form'

This form is to be used where a participant has a condition which may change, deteriorate or improve over time.

RDA Coaches may need further information about a rider / driver's medical condition, in addition to the information given on the original Medical Consent Form.

I agree to the release of information about the participant's medical condition on the understanding that such information will be used only to assist the rider to more fully benefit from the RDA program.

RDA reserves the right to refuse a person access to the program if it is reasonably believed that participation may be detrimental to the participant, the voluntary coaches and helpers and or the horses.

Name of Participant.....
 Address.....
 Phone No Mobile No.....
 Height Weight.....
 Nature of Disability.....
 Age of onset of Disability.....
 Any other relevant information

Date of completion of the initial Medical Consent Form:.....(attach copy of original)

The Medical practitioner should read the original Medical Consent Form and then indicate any detail on this form any significant change in the following:

- Medication Yes /No
- Behaviour Disorder Yes / No
- General Physical Health Yes / No
- Recent Surgery Yes / No

Details:.....

Is there any other information which the coach may need to know to ensure that the Rider/ Driver's program is of maximum benefit

.....

- Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above named person to take part as an active participant in RDA activities

Name of the Medical Practitioner:..... (BLOCK LETTERS PLEASE)

Signature:

Telephone: Date

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The Original is to be kept by Riding for Disabled Association of Australia Limited (RDAA)

I [insert name]
Of [insert address]

hereby apply for membership of Riding for the Disabled Association of Australia Limited (RDAA). In so applying and in consideration of my application for membership being accepted **I acknowledge and agree** that:

- 1. “RDAA”** for the purposes of this membership application and declaration means and includes the Riding for the Disabled Association of Australia Limited, its members (including Member States and Centre Members) and where the context so permits, their respective directors, officers, members, servants or agents.
- 2. If accepted I will be a member** of[insert Centre Member],
.....[insert Member State] and RDAA.
- 3. This document cannot be amended.** If I do amend it, my application will be null and void. It cannot be accepted by RDAA.
- 4. Insurance** is in place that provides limited cover to me whilst I am performing or participating in any authorised or recognised RDAA activity (“**RDAA Activity**”). (*For insurance details contact RDA National Office.*) I can, in my own interests, seek and obtain personal insurance over and above the cover provided by RDAA.
- 5. The RDAA Constitution** is a contract between me and RDAA. I will be bound by it and any By-Laws made under it. It is necessary and reasonable for promoting RDAA and riding for the disabled. For the avoidance of doubt, I acknowledge and agree to comply with the Constitutions and By-Laws of RDAA,[insert Member State] and[insert Centre Member] if my application is accepted. Where there is any inconsistency between the constitutions of RDAA, the States or centres, the constitution of RDAA will prevail.
- 6. Warning:** Riding (including but not limited to recreational and therapeutic riding) can be inherently dangerous. Serious accidents can and often do happen which may result in me being injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks in riding (including but not limited to recreational and therapeutic riding).
- 7. Exclusion of Liability:** Except where provided or required by law and such cannot be excluded, I agree that it is a term of my membership (if accepted) that RDAA is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my membership and/or participation in any RDAA Activity. I acknowledge that the services and benefits I receive under my membership are “recreational services” as defined under the *Trade Practices Act 1974*. Where I am a consumer, as defined by any relevant law, certain terms and rights may be implied into a contract for the supply of goods or services for my benefit. I acknowledge that these terms and rights, and any liability of RDAA flowing from them, are expressly excluded, restricted or modified by these membership terms and conditions.
- 8. Release and Indemnity:** In consideration of RDAA accepting my application for membership I:
 - (a) release and forever discharge RDAA from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any RDAA Activity; and

(b) indemnify and hold harmless RDAA to the extent permitted by law in respect of any Claim by any person including but not only another Member of RDAA arising as a result of or in connection with my membership and/or participation in any RDAA Activity. In this **clause 8 “Claims”** means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, made by any person entitled to make a claim under a relevant RDAA insurance policy or any personal insurance held by the member.

- 9 Fitness to Participate:** I declare that I am and must continue to be medically and physically fit and able to participate in any RDAA Activity within my range of abilities. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify RDAA in writing through my Centre Member or Member State of any change to my fitness and ability to participate. I understand and accept that RDAA will continue to rely upon this declaration as evidence of my fitness and ability to participate. I acknowledge that if I have or have had any medical condition or disability (eg. physical, intellectual, psychiatric or behavioural) I am required to submit with this application a medical consent form completed by a medical practitioner. Further, I acknowledge that RDAA may in its reasonable discretion require me to provide a medical consent form completed by a medical practitioner even if I have declared that I do not have or have not had a medical condition or disability.
- 10 Medical Treatment:** I consent to receiving any medical treatment that RDAA considers necessary or desirable during a RDAA Activity. I also agree to reimburse RDAA for any costs or expenses incurred in providing me with medical treatment.
- 11 Privacy:** I understand that the information I have provided overleaf is necessary for the objects of RDAA. I acknowledge and agree that the information will be disclosed by my Centre Member to the Member State and RDAA and will only be used for the objects of RDAA and to provide me with membership services. I understand that I will be able to access my information through my Centre Member and/or Member State. If the information is not provided my membership application may be rejected.
- 12 Copyright in photographs and right to use:** I acknowledge and consent to photographs being taken of me during my participation in RDAA Activities. I acknowledge that the photographs are owned by RDAA. RDAA may use the photographs for promotional or other purposes without my further consent being obtained. I warrant that all information provided is true and correct.

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges and services of RDAA membership.

Signed: Date:

Name:

Where the applicant is under 18 years of age or cannot provide informed consent this form must also be signed by the applicant’s parent or legal guardian.

I,..... am **the parent or legal guardian** of the applicant named:..... I expressly agree to be responsible for the applicant’s behaviour and agree to personally accept the conditions set out in this membership application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parent / Legal Guardian signature: Date:

(where applicant is under 18 y.o or unable to legally sign)